

Data Sheet

USAID Mission:	Central Asian Republics Regional
Program Title:	Health and Population
Pillar:	Global Health
Strategic Objective:	176-0320
Status:	Continuing
Planned FY 2006 Obligation:	\$1,238,000 CSH; \$775,000 FSA
Prior Year Unobligated:	
Proposed FY 2007 Obligation:	\$988,000 CSH; \$600,000 FSA
Year of Initial Obligation:	2001
Estimated Year of Final Obligation:	2007

Summary: USAID's regional health program is establishing and institutionalizing reforms to improve the quality, equity, and efficiency of health systems throughout Central Asia, and promotes cross-border responses for tuberculosis (TB) control and HIV/AIDS prevention. USAID's cross-cutting anti-corruption objective is supported through increased transparency of the health system.

Inputs, Outputs, Activities:

FY 2006 Program:

Address Other Health Vulnerabilities (\$640,000 FSA). USAID will continue to promote evidence-based medicine (EBM) and clinical practice guideline development throughout Central Asia, and the sharing of the resulting guidelines between countries. USAID will work with leading medical and nursing professional associations to further this goal. USAID will also support medical education reform as a crucial component to sustainable health systems reforms in Central Asia. Principal contractors/grantees: Abt Associates (prime), Morehouse University School of Medicine (sub), John Snow Inc. (sub), Boston University (sub), CitiHope (sub), Socium Consult (sub), Scientific Technology and Language Institute (sub), and Institute for Sustainable Communities (sub).

Prevent and Control Infectious Diseases of Major Importance (\$135,000 FSA). USAID's regional TB control program will work with multi-sectoral high level working groups focused on expansion of the World Health Organization (WHO)-recommended Directly Observed Treatment Short-course (DOTS) strategy, rational drug management, work with prison health systems, and multi-drug resistant TB. The program will provide essential technical assistance to national TB control programs and assist them in applying for support from, and implementing national programs with funds from, the Global Fund to Fight AIDS, Tuberculosis, and Malaria. Principal contractors/grantees: Project HOPE (prime), Johns Hopkins University Bloomberg School of Public Health (sub), John Snow Inc. (sub), and New Jersey Medical School National TB Center (sub).

Reduce Transmission and Impact of HIV/AIDS (\$1,238,000 CSH). Regional funds will reinforce drug demand reduction activities within the Drug Demand Reduction Program (DDRP), implemented by the Alliance for Open Society International. DDRP targets vulnerable populations with information about the risks of drug use, as well as with training in prevention and treatment of drug abuse. Approximately 70% of HIV infections in the region are linked to drug injection, so information and services to reduce this risk behavior provide a crucial preventive measure to fight the HIV/AIDS epidemic. DDRP works in three countries (Uzbekistan, Tajikistan, and Kyrgyzstan); regional funds will be used to supplement country budgets and to support the implementation of innovative models that respond to this urgent cross-border threat. DDRP training targets professionals with modern approaches to reduce demand and address addiction; for example, funds will support counselors, including psychologists, to utilize a team approach to respond to drug use. DDRP also seeks to institutionalize education and training on the topic. DDRP's Youth Power Centers, will continue to offer information, education, and activities to help young people at particular risk make healthy choices about sex and drug use. Principal contractors/grantees: Alliance for Open Society International (prime), Eurasia Foundation (sub), Population Services International (sub), and Internews (sub).

FY 2007 Program:

Address Other Health Vulnerabilities (\$393,000). USAID will work to institutionalize progress on medical education reforms and clinical practice guideline development. Principal contractors/grantees: Abt Associates (prime), Morehouse University School of Medicine (sub), John Snow Inc. (sub), Boston University (sub), CitiHope (sub), Socium Consult (sub), Scientific Technology and Language Institute (sub), and Institute for Sustainable Communities (sub).

Prevent and Control Infectious Diseases of Major Importance (\$207,000). USAID will continue to provide technical assistance on DOTS expansion to national TB control programs and multi-sectoral high-level working groups. Principal contractors/grantees: Project HOPE (prime), Johns Hopkins University Bloomberg School of Public Health (sub), John Snow Inc. (sub), and New Jersey Medical School National TB Center (sub).

Reduce Transmission and Impact of HIV/AIDS (\$988,000 CSH). The Central Asian Program on AIDS Control and Intervention Targeting Youth and High-Risk Groups will continue to strengthen implementation of the national strategies to prevent and control HIV/AIDS. USAID's inter-agency agreement with the Centers for Disease Control and Prevention will be extended to intensify and broaden efforts on HIV sentinel surveillance training. Principal contractors/grantees: same implementers as above; additional contractors/grantees to be determined (TBD).

Performance and Results: Over the last year, USAID employed its regional primary health care reform activity to promote evidence-based medicine (EBM) and clinical practice guideline development throughout Central Asia. There has been considerable sharing of new evidence-based clinical guidelines between countries. For example, in November 2004, Kazakhstan EBM methodologists joined with Kyrgyz experts to conduct a five-day EBM course in Tashkent for 22 Uzbek General Practitioner trainers from most medical institutes in the country. During 2005, a total of 43 technical documents, including analytical reports, curricula, and manuals, were created and disseminated throughout the region in order to facilitate information exchange and sharing of lessons learned. USAID continues to support medical education reform as a crucial component for sustainable health systems reforms in Central Asia. As a result of ongoing collaboration between the USAID-funded regional Council of Rectors and the World Federation for Medical Education, appropriate undergraduate qualifications have been designed for use in Central Asia. USAID continued to fund the WHO regional TB advisor, now based in Tashkent, Uzbekistan. The regional advisor provides essential technical assistance to national TB control programs, ensuring their adherence to the DOTS strategy while incorporating approaches to treat chronic and multi-drug resistant TB. By program's end, these activities will help to reform health systems throughout the region, ensuring utilization of quality, cost-effective primary health care services; and to control existing HIV/AIDS and TB epidemics.

US Financing in Thousands of Dollars

Central Asian Republics Regional

176-0320 Health and Population	CSH	FSA
Through September 30, 2004		
Obligations	2,900	4,185
Expenditures	945	3,586
Unliquidated	1,955	599
Fiscal Year 2005		
Obligations	1,000	775
Expenditures	1,627	0
Through September 30, 2005		
Obligations	3,900	4,960
Expenditures	2,572	3,586
Unliquidated	1,328	1,374
Prior Year Unobligated Funds		
Obligations	0	0
Planned Fiscal Year 2006 NOA		
Obligations	1,238	775
Total Planned Fiscal Year 2006		
Obligations	1,238	775
Proposed Fiscal Year 2007 NOA		
Obligations	988	600
Future Obligations	0	400
Est. Total Cost	6,126	6,735